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ABSTRACT

Data relating to population and family planning in 15 foreign countries are presented in these situation reports. Countries included are Barbados, Finland, German Democratic Republic, Italy, Lesotho, Luxembourg, Malagasy Republic, Malaysia (West), Netherlands, Poland, Portugal, Singapore, Sweden, Syrian Arab Republic, and Yogoslavia. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth, and death rates. Family planning situation considers family planning associations and personnel; government attitudes; legislation; family planning services; education/information; training opportunities for individuals, families, and medical personnel; research and evaluation; program plans; government programs; and related supporting organizations. Bibliographic sources are given. (DT)

Situation Report

Distribution *

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Country BARBADOS Date APRIL 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

ED 091224

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		442 sq. kms.[1.]
Total Population	232,333	240,000 (1972)[1.]
Population Growth Rate	1.3%	0.1% (1963-72)[1.]
Birth Rate	33.8	21.9 per 1,000 (1971)[1.]
Death Rate	9.2	8.7 per 1,000 (1971)[1.]
Infant Mortality Rate	60.4	29.2 (1971)[1.]
Women in Fertile Age Group (15-44 yrs)	48,996	60,000[2.]
Population Under 15	38%	36%[2.]
Urban Population		44% (1970)[2.]
GNP Per Capita		US$670 (1971)[3.]
GNP Per Capita Growth Rate		4.9% (1965-71)[3.]
Population Per Doctor		2,350 (1967)[4.]
Population Per Hospital Bed		90 (1967)[4.]

1. UN Demographic Yearbook 1972.
2. Dorothy Nortman, Population and Family Planning Programs: A Factbook, The Population Council, September 1973.
3. World Bank Atlas, 1973.
4. UN Statistical Yearbook, 1972.

017 804

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The small island of Barbados, in the eastern Caribbean, has a population density of 560 persons per square kilometre, a figure which is exceptionally high for an agricultural country. Common-law marriages are wide spread and about 68% of all births are illegitimate. The average size of household was 3.96 in 1970.

Ethnic

The majority of the population, over 90%, are of African or mixed descent; the rest are white.

Language

English.

Religion

Nearly 75% of the population belong to the Anglican Church; there are also Methodist and Roman Catholic congregations.

Economy

Cane sugar is the chief crop, and sugar, rum and molasses form 90% of total exports. Tourism is a growing industry. Unemployment is high, (14%), and the seasonal nature of production causes considerable labour instability.

Communications/Education

The island has a good road network, shipping and air services. There is a daily newspaper, and several other journals and magazines. 2 radio and 1 television stations cover the island.

Education is free, and the illiteracy rate is less than 3%. There are over 100 primary and 18 secondary schools (1969), as well as facilities for teacher training and for technical and higher education.

Medical/Social Welfare

The Government runs a Health Service, with public health centres covering the island. Social welfare organizations and voluntary committees also provide services.

FAMILY PLANNING SITUATION

The Barbados Family Planning Association has provided family planning services since 1955. It has received regular government financial assistance since 1956. The Association is also allowed to use the government health centres for its programme. The Association is also granted duty free concessions.

Attitudes

Family planning is supported by the Government, doctors, teachers, churches and the press, and there is no organized Roman Catholic opposition. The major obstacles to its acceptance are the traditions in which a high value is put on fertility, and the persistence of male machismo.

FAMILY PLANNING ASSOCIATION

History

In 1954, a select committee, set up by the Government, recommended to the House of Assembly that family planning services should be provided on a national scale. The following year, the Barbados Family Planning Association was set up, and in 1957 became an IPPF member.

Address

The Barbados Family Planning Association,
Bay Street,
Bridgetown,
BARBADOS.

Personnel

President: Mr. Jack Dear Q.C.

Manager: Mr. Ayde Gillox

Services

By the end of 1972, the Association was providing family planning services in 13 clinics. However, during the 1st quarter of 1973 four rural clinics were closed as the attendance at these was poor and it was felt that, if the services at these clinics were discontinued, the efforts of the nurse/midwives could be better utilized at the remaining nine clinics where the work is heavier.

The number of new acceptors in the clinic and industrial areas has been growing steadily: in 1972 there were 2,500 and in the first quarter of 1973 there were a further 809 new acceptors of which 21 chose IUDs and 42 chose injectables. By the end of the 1st quarter of 1973 old acceptors totalled 7,893.

Most contraceptive methods are available, as well as infertility, gynaecological and cancer detection services. Four nurse-midwives staff the clinics, and a physician is available daily for consultation at the Bay Street Clinic, Bridgetown.

The Association's fieldworkers carry condoms with them, and large quantities are distributed. In addition, arrangements have been made with rum shops, to sell condoms at low cost.

Information/Education

The Association has the advantages of a highly literate population, and of the support of the mass media. It has developed its educational activities in two spheres, of interpersonal contact and of the mass media.

In 1973 the Association carried out an intensive programme which was part of the overall structured programme. The intensive programme was aimed at those who were actively engaged in the sugar cane harvest. In addition to the information/education side of the programme, the team of 9 fieldworkers and 2 senior fieldworkers provided a mobile

clinic service. The field results for the 1st quarter of 1973 as compared with those of the same period in 1972 are as follows:

	Old Acceptors	New Acceptors
1972	3019	326
1973	2386	218

The Association attributes the drop in the number of acceptors in this part of the programme to the fact that more women are now at work and cannot be reached by the fieldworkers whose work restricts them to house visits only.

At the end of August 1973, the Association started an exploratory fieldwork programme which will shift the focus from the established house to house visiting to the industrial sector.

Within the fieldwork programme, increasing emphasis is being put on industry, and, with the cooperation of owners and managers, an industrial nurse visits several factories. Her salary is paid by contributions from local manufacturers. Acceptor figures in the industrial sector have increased quite considerably since 1972.

A one-week action aimed at young people with the theme 'Education for Responsible Parenthood' was held at the end of July/beginning of August of 1973. All public media were used to promote this part of the programme.

Work has been done with Parent/Teacher Associations, Youth Organizations and others whose members are over 16 years of age.

The annual mass media campaign in 1973 included some materials directed towards male motivation.

Sex Education

The Association is working with the Ministry of Education in developing a sex education programme for schools.

A booklet entitled "Sex Education for the Young" was published by one of the FPA Council members in 1972. The Association secured 20,000 copies and 12,000 copies had been requested by Ministry of Education.

Training

The Association runs training courses for its nurse-midwives and for its fieldworkers. Personnel from St. Lucia, St. Vincent and Guadeloupe, have also attended courses.

In 1972, 10 fieldworkers were given a 1 month refresher course by the Association. In addition 1 nurse/midwife received a three-month pre-service family planning course.

Evaluation

An evaluation of the entire programme was completed by a team from Western Ontario University (Canada) in 1972.

A follow-up survey on pill acceptors (1970-71) with special emphasis on 'discontinuing users' was completed and written up by 1st March 1973 by Dr. M B J Tissainayagan, the Medical Officer of the Association.

Plans

Plans for 1974 include a further follow-up survey of oral contraceptive acceptors, and a male motivation campaign which it was not possible to implement in 1973 because of changes in, and a shortage of staff.

Sources

Barbados FPA 1st Quarterly Report 1973.

Barbados FPA Annual Report 1972.

Barbados FPA Annual Budget 1974.

Situation Report

Distribution

Country FINLAND

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839--2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			337,009 sq. kms.[1.]
Total Population	4,030,000	4,446,000	4,626,000 (1972 estimate)[1.]
Population Growth Rate	10.4	7.5	0.2% (1963-72)[2.]
Birth Rate	24.5	18.5	12.7 per 1,000 (1972)[2.]
Death Rate	10.2	9.0	9.6 per 1,000 (1972)[2.]
Infant Mortality Rate	35.4	21.0	11.3 per 1,000 (1972)[2.]
Women in Fertile Age Group (15-44 yrs)	924,400	923,500	1,016,000 (1970)[2.]
Population Under 15	30.0%	30.0%	26%[3.]
GNP Per Capita	950	1,510	US$2550 (1971)[4.]
GNP Per Capita Growth Rate	4.4% (1950-59)	3.9% (1960-69)	4.6% (1965-71)[4.]
Population Per Doctor	2,018	1,573	915 (1971)[1.]
Population Per Hospital Bed	135	108	78 (1970)[1.]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The social security system covers maternity and child allowances, and health insurance covers the majority of the cost of medical services. Education is free and compulsory for ages 7 to 15. The fertility rate per 1,000 women aged 15 to 44 years was 64 in 1970. In 1972, there were an estimated 37 abortions per 100 live births.

PLANNED PARENTHOOD SITUATION

Planned parenthood is integrated with the public health services. Advice and services are available throughout the country, and from the clinics operated by Väestöliitto, a federation of 25 members. The Ministry for Social Affairs and Health is represented on Väestoliitto.

PLANNED PARENTHOOD ASSOCIATION

Väestöliitto,
Bulevardi 28,
00120 Helsinki 12.

President: Professor Kauko Sipponen

Väestöliitto, was founded in 1941, and became a member of IPPF in 1959. As the development of planned parenthood and family policy depends on other social policy measures, Väestöliitto concentrates primarily on public health, housing and assistance to families with young children.

Government Policy

The Government is concerned at the low birth rate and other aspects of the demographic situation in Finland. The declining birth rate and migration to Sweden are the two most important factors influencing recent population growth. In this context, family policies have been implemented to assist families in establishing and maintaining a home, to support the financial, physical and mental wellbeing of the family. The marriage guidance clinics, population research institute and training colleges for home sisters are granted a subsidy.

In 1973 the Finnish Government granted $100,000 to IPPF.

Legislation

Since 1972, the communal health authorities are obliged to provide health education, including planned parenthood. Public health services are free-of-charge. Physicians are legally obliged to offer advice on contraception to women after abortion, which is available on social grounds.

Services and Methods

In addition to the public health outlet, Väestöliitto operates four clinics at which all methods of contraception are available. In 1973, methods used per 100 women aged 15-44 years were: condom 38, oral contraceptives 20, IUDs 5%. Väestöliitto, through a separate sales company, sells condoms (about 10 million in 1973) to hospitals through pharmacies, supermarkets, etc.

Information and Education

Väestoliitto publishes books, pamphlets etc. on different aspects of planned parenthood, and has produced a set of slides and posters. Väestoliitto has also conducted public information campaigns on abortion and VD.

The Central School Board has appointed a committee (including a Väestoliitto representative) to plan a sex education programme for schools, and recommendations are now under discussion.

At the Central Marriage Guidance Clinic regular lectures and refresher courses are given to medical students and health personnel.

The Väestoliitto Population Research Institute publishes material on the family, housing, population, fertility etc. A multi-disciplinary study on Health, Living Habits and Human Relations, with special reference to sexual behaviour and contraceptive practices of the Finnish adult population, was completed in 1973. A study on Family Planning and its Goals and Means is in preparation. The findings of both studies will be published in 1974.

Situation Report

Distribution *

Country GERMAN DEMOCRATIC REPUBLIC Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			108,178 sq. kms.[1]
Total Population	17,199,000	16,164,000	17,043,000 (1972)[2]
Population Growth Rate		-0.2	-0.1% (1963-72)[2]
Birth Rate	16.5	17.0	11.7 per 1,000 (1972)[2]
Death Rate	11.9	13.6	13.7 per 1,000 (1972)[2]
Infant Mortality Rate			17.7 per 1,000 (1972)[2]
Women in Fertile Age Group (15-44 yrs)			3,378,379 (1970)[1]
Population Under 15 yrs			24%[3]
GNP Per Capita			US$2190 (1971)[4]
GNP Per Capita Growth Rate			5.2% (1965-71)[4]
Population Per Doctor			572 (1971)[5]
Population Per Hospital Bed			85 (1971)[5]

1. Figures provided by Ehe und Familie.
2. UN Demographic Yearbook 1971.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.
5. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 6 to 16 years. Medical treatment is free-of-charge. Fertility rate per 1,000 women aged 15-44 years was estimated at 69 in 1971.

PLANNED PARENTHOOD SITUATION

Advice and services are available through a comprehensive network of centres, integrated with the public health service.

PLANNED PARENTHOOD ASSOCIATION

Ehe und Familie (EFA),
Sektion der Gesellschaft für Sozialhygiene der DDR,
25 Rostock,
Leninallee 70.

Chairman: Professor K-H Mehlan

EFA was founded in 1964, and became an associate member of the IPPF in 1967 and a full member in 1971.

Government Policy

The Government favours planned parenthood, and is empowered to organise clinic services in cooperation with local health authorities. The Ministry of Health has established a central planned parenthood committee to develop contraceptive facilities. The Ministries of Education and Justice also support the work of the EFA which is fully financed by the Government.

There is concern at the decreasing birthrate.

Legislation

There is no law against contraception. Since 1972, all women have been entitled to abortion, free-of-charge, up to 12 weeks pregnancy; physicians are advised to give contraceptive advice.

Services and Methods

There are about 200 government (Ministry of Health) planned parenthood clinics. There are also about 200 EFA Marriage and Sexual Counselling (MSC) centres, to each of which is attached a physician and a welfare worker on a part-time basis, a psychologist and a lawyer. Over 80% of the centres are situated in local health services premises, and the services are used by over a million women.

All methods of contraception are offered, and contraceptives (except condoms) are free-of-charge. Spermicides, condoms, and oral contraceptives are manufactured. In 1971, about 30% of women took oral contraceptives and 2% IUD. The condom was used by 23%. Following the new abortion law, the use of the IUD has increased.

Training

Planned parenthood is integrated into the curricula for nurses, midwives and welfare workers. The training includes practical work in an EFA (MSC) centre. Medical students are trained in contraceptive techniques during their fifth year of studies.

Special courses are organised for welfare workers and family lawyers.

Information and Education

Sex education in primary and secondary school is obligatory, and secondary school teachers receive special training for this purpose. A research group on sex education has been established within the framework of the Scientific Council of the Ministry of National Education. The EFA Information and Education Committee has the support of the Ministry in its programme for teachers.

Lectures on planned parenthood are given in schools, factories, for youth organisations etc. by members of EFA's Working Group on Sex Education.

The women's organisation DFD organises seminars and discussions on planned parenthood in district towns.

Situation Report

Distribution *

Country ITALY

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			301,225 sq. kms.[1]
Total Population	46,769,000	49,642,000	54,345,000 (1972 estimate)[2]
Population Growth Rate			0.7% (1963-72)[2]
Birth Rate	18.3	18.3	16.3 per 1,000 (1972)[2]
Death Rate	10.3	9.7	9.6 per 1,000 (1972)[2]
Infant Mortality Rate	66.5	43.9	28.3 per 1,000 (1972)[2]
Women in Fertile Age Group (15-44 yrs)			14,000,000 (1970 estimate)[2]
Population Under 15			24%[3]
GNP Per Capita			US$1860 (1971)[4]
GNP Per Capita Growth Rate			4.6% (1965-71)[4]
Population Per Doctor			553 (1970)[1]
Population Per Hospital Bed			95 (1969)[1]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

The Istituto Nazionale della Previdenza Sociale (INPS) administers family allowances which are paid to all employed persons for wife, children and any other dependents. These allowances, which are paid to about 7 million workers, and vary in amount according to type of employment, are paid by the employer, who then recovers the amount on the contributions which he pays to the INPS.

Medical insurance for most employed persons in the private sector, and for certain self-employed persons, is administered by the Istituto Nazionale per l'Assicurazione contro le Malattie (INAM). Payment for medical treatment and prescriptions is normally made directly by the patient, who then obtains total or partial reimbursement. The Opera Nazionale per la Protezione della Maternita e dell'Infanzia (ONMI) provides every child from birth to six years with free welfare and medical care at special clinics.

State employees and their families contribute to a compulsory insurance scheme covering medical treatment, prescriptions and maternity benefits as well as loans and scholarships, administered by the Ente Nazionale di Previdenza ed Assistenza per i Dipendenti dello Stato (ENPAS). About 2 million employees are under the scheme.

Education is free and compulsory for ages 6-14 years. Fertility rate per 1,000 women aged 15-44 years was 74 in 1972.

PLANNED PARENTHOOD SITUATION

Planned parenthood advice is available from UICEMP centres and some other organisations.

PLANNED PARENTHOOD ASSOCIATION

Unione Italiana Centri Educazione Matrimoniale Prematrimoniale (UICEMP),
Via Eugenio Chiesa 1/Via Respighi,
20122 Milan.

President: Dr. Simone Gatto

Government Policy

The reaction of both the Government and the Roman Catholic Church to determined lobbying by feminist groups for the liberalisation of abortion has led to an unofficial softening in their attitudes to contraception. Parliamentary discussion and public debate on divorce may lead to a change in the on divorce, in which case it is anticipated that all family laws will be reviewed.

Legislation

Article 553 of the penal code, prohibiting publicity for contraception, was repealed in May 1972 by the Constitutional Court. Nevertheless, other legislation remains in force which prohibits publicity for and the prescription of contraceptives. Article 552, relating to the provision of advice, is under review.

Abortion is illegal except on serious medical indications.

Services and Methods

UICEMP offers advisory services through several city and suburban centres. A planned parenthood service has been opened in the Institute of Obstetrics and Gynaecology, University of Roma.

All methods of contraception are available. Condoms and injectable medroxyprogesterone acetate are manufactured. About 2% of women aged 15-44 years take oral contraceptives. The annual number of illegal abortions is estimated at 300,000-800,000.

Information and Education

Restriction on the possibilities of providing contraception have led UICEMP centres to concentrate on information and education activities. Courses on planned parenthood and sex education for teachers, parents and secondary school students are held by all the centres, often with municipal support. Members of the universities are also increasingly lending support to such work. Increasing publicity to sex education is being given by the press, radio and television.

UICEMP publishes methods leaflets, and a quarterly information bulletin.

Training

Health and personnel training facilities are beginning to be included in some university hospitals. A number of physicians have attended training courses at the Family Planning Institute, University of Ljubljana (Yugoslavia). Contraceptive training courses are organised by the University of Rome Institute of Obstetrics and Gynaecology.

IPPF Aid

£17,000 in 1973.

Situation Report

Distribution *

Country LESOTHO Date APRIL 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1960	1970	LATEST AVAILABLE FIGURES
Area			30,355 sq. kms.
Total Population	724,000	1,043,000	1,058,500 (1970)
Population Growth Rate			2.2%
Birth Rate			37 per 1,000 (1965-70)
Death Rate			15 per 1,000 (1965-70)
Infant Mortality Rate			112 per 1,000 (1965-70)
Women in Fertile Age Group (15-44 yrs)			238,810 (1972)[1].
Population Under 15			40%
Urban Population			1.7% (1971)[2].
GNP Per Capita			US$100 (1971)[3].
GNP Per Capita Growth Rate			0.5% (1965-71)[3].
Population Per Doctor			21,607 (1972)[1].
Population Per Hospital Bed			478 (1972)[1].

1. Lesotho Annual Statistical Bulletin 1972.
2. Monographic on Urban Population 1971/72.
3. World Bank Atlas 1973.

All other information from: Report on Demographic Component of the Rural Household Composition and Expenditure Survey (1967-1968).

* This report is not an official publication but has been prepared for

GENERAL BACKGROUND

The Kingdom of Lesotho, formerly the British High Commission Territory of Basutoland, is completely surrounded by the Republic of South Africa.

Lesotho became an independent state in 1966 under the premiership of Chief Leabua Jonathan. Chief Jonathan has continued in power despite an electoral setback in January 1970.

Lesotho is one of the countries of Africa where over-population is an immediate problem: large parts of the east are unsuitable for human settlement, and the population is concentrated in the Western Lowlands and in the valleys of the upland zone.

Average population density is 34 per square kilometre.

Ethnic Groups

Apart from a couple of thousand Europeans, mostly traders, missionaries and civil servants and a few hundred Asians who are citizens, the population is Basotho.

Language

Sesotho is the local language, but both English and Sesotho are the official languages of the state. English is the second language in schools and, in secondary schools, it is the medium of instruction.

Religion

It is estimated that approximately 75% of the population hold Roman Catholic beliefs; other religious groups with significant followings in Lesotho are French Protestant and Anglican.

Economy

Agriculture is the mainstay of the economy, accounting for about 66% of the gross domestic product; but overstocking, erosion and population growth present overwhelming obstacles to agricultural development. With population density at 34 per square kilometre, (double that of South Africa) and only 15% of the land cultivable, it is doubtful whether Lesotho will ever be able to grow enough to feed its population.

The country is not well endowed with natural resources, except water, and no land can be allotted to non-Basotho. Some diamond prospecting is being carried out in the mountain areas of the Northern districts.

Manufacturing accounts for a very small percentage of the gross domestic product - 0.7% in 1966-67. There is very little opportunity for wage employment in Lesotho: only c225,000 were in wage employment in 1972-73. About 150,000 men and women work as migrants in South Africa, of whom 99,365 are contract labourers in the mines and the remainder work on white farms.

A landlocked country, totally surrounded by South Africa, Lesotho's economy is necessarily closely linked with South Africa. Together with Botswana and Swaziland, it forms a customs union with South Africa: all four countries receive a proportion of the revenue collected.

Communications/Education

The country is linked to the railway system of South Africa by a short line (approximately one mile) from Maseru, the capital town. Improvement of the road system has been given top priority; over 480 kilometres of road have been built since 1968 by Lesotho's villagers who worked under a 'food-for-work' scheme.

The first airport, Leabua, was opened in December 1968. No international airlines serve Lesotho, but there is a scheduled passenger service to Johannesburg which connects Lesotho with international air routes.

In 1970, there were six radio sets per 1,000 people.

Education is neither compulsory, nor is it free. However, the Government does provide some subsidy.

School enrolment 1973

Primary	190,722
Secondary	12,559
Technical	104
Teacher training	383
Trade and craft schools	541
University	240

The literacy rate is estimated at 40-45%.

Medical/Social Welfare

Malnutrition is common among the 1-5 year age group. In 1970, the country was declared famine stricken and emergency food supplies had to be airlifted in from a number of countries.
In the mountain areas, which are snowbound for several months of the year, the inhabitants suffer little from disease - except pneumonia - but much from starvation.

Under the Development Plan, the hospitals at Mohale's Hoek and Leribe are to be expanded and upgraded to regional hospitals so as to serve the southern and northern regions respectively. Nine new district health centres are to be constructed: each centre is to have one staff nurse and one health assistant.

FAMILY PLANNING SITUATION

The Lesotho Family Planning Association (LFPA) has now expanded its activities to all nine districts in the country.

Attitudes

The Government's attitude towards family planning has softened considerably; and it has been suggested that the LFPA should be encouraged to ask doctors in charge of hospitals to permit them to use their premises not only for motivational purposes, but also for running clinic sessions.

The Minister of Health has indicated that advice on infertility must be regarded as an integral part of any family planning contribution to the MCH service.

Mr. A M Monyake, the Assistant Director of Statistics, has produced papers aimed at establishing an interim National Population Commission. The first meetings for this have now begun at the official level.

Legislation

No import duty on contraceptives.

FAMILY PLANNING ASSOCIATION

History

The Association was set up through the work of Mr. and Mrs. Robinson, a retired British couple, during 1966-67, and the Lesotho Family Planning Association was officially registered in 1968. Since then it has been closed down six times by the Ministry of Health, and in April 1970, Mr. and Mrs. Robinson, the Hon. Secretary and the Hon. Treasurer were deported. The Association's Maseru clinic reopened in June 1970, but was attached for working purposes to the Scott Hospital at Morija, 28 miles from Maseru. During this period, the affairs of the Association were directed by Dr. Abbey, a Canadian missionary doctor working at Scott Hospital. In August 1971, the LFPA was reconstituted and a wholly African committee was elected in December.

Address

Lesotho Family Planning Association,
P.O.Box 340,
Maseru,
LESOTHO.

Tel: Maseru 3094

Personnel

Chairman:	Dr. S T Makenete
Executive Secretary:	Mr. B T Pekeche
Field Supervisor:	Mrs. S M Taoana
Clinic Supervisor:	Mrs. M L R Tlale

Services

The Association runs eight clinics - family planning services are also available at the Scott Hospital, some 28 miles outside Maseru.

The clinic at Maseru holds sessions in the mornings, but, since there is a large working population, it is hoped that the clinic will extend its hours to include some evening sessions so that more working women will be able to attend.

The Minister of Health has suggested that the LFPA should be encouraged to ask doctors in charge of hospitals to permit them to use their premises not only for motivational purposes, but also for running family planning clinic sessions.

Acceptor figures from the LFPA for 1973 were as follows:

Method	New Acceptors	Continuing Acceptors
Oral	1101	432
Injectable	224	183
IUD	572	310
Condom	50	20
Other	2	2

No sterilisations or abortions were performed by the LFPA in 1973.

Information/Education

During the first years of the LFPA's stormy career, its information and education activities were severely restricted by the Government. Now that the Association has been recognised by the Government, there are strong hopes that it will be able to embark on a more extensive programme.

Among its current activities, the LFPA distribute family planning booklets and pamphlets in the clinics. In 1973, the Association held educational sessions with student nurses, fieldworkers and women's organizations. They also held a number of public gatherings at which members of the Association's staff gave talks on family planning.

Other projects include the development of co-ordinated programmes with voluntary organizations and women's institutions.

The LFPA also gives film shows, and it has been recommended that more films should be made available to the Association for this purpose, as their present stock is limited.

The LFPA's fieldworker force numbers twelve; there is also a fieldwork supervisor.

Training

In 1973 the LFPA held a training course for 32 nurses and fieldworkers.

Research/Evaluation

The IPPF Travelling Fieldwork Team Experiment visited Lesotho early in 1973. Among other things the project was evolved to ascertain whether fieldworker training and motivation work could be enhanced and extended without resorting to the workshop approach and to build up international fieldworker teaching experience among African personnel. The experiment provided a practical link between the eastern and western sections of the fieldworker workshops held earlier in the Africa Region. The programme included door-to-door visits, demonstrations and visits to clinics, a factory and a lay church mission.

Plans

The LFPA are to meet with representatives of World Education Inc., and the Agricultural Development Scheme at Thaba Bosiu to discuss ways in which they will be able to develop a co-ordinated project whereby family planning education would become a part of the development programme

OTHER ORGANIZATIONS

Other organizations which provide family planning services are as follows:

Red Cross

The Red Cross co-operates with various social organizations and maintains nine clinics of its own, five of which are visited by physicians periodically.

USAID/University of California at Santa Cruz

USAID/UCSC have established an MCH Centre at Ts'akholo: the Centre is to be used as a demonstration unit, not merely offering services, but also training staff within the entire district including all rural health centres responsible to the 'mother' hospital in the area at Mafeteng.

Others

Services are also provided by doctors in mission hospitals such as the Seventh Day Adventist Hospital at Maluti, in northern Lesotho, and by private practitioners.

Training facilities are provided as follows:

The Government has designated the Centre at Ts'akholo as a Training Centre in Rural Health for the whole of Lesotho. The project also trains volunteers who can act as educators in the neighbouring villages. The aim in the second stage of the project is to expand the project to at least two other districts within the country, but this will depend on government counterpart finance. The level of government interest in the project is indicated by the very high class personnel it has designated to the project's team.

The USAID/UCSC project team is in the process of a familiarisation training programme for doctors, staff nurses and other para-medical staff centred around fertility, infertility and elective fertility. Short three day courses are currently being run in each district and at the same time a short KAP study has been introduced to test the knowledge of all personnel attending the courses.

The Minister of Health has indicated that he hopes that more multi-lateral organizations would be in a position to offer MCH/FP clinics in new areas within the country, particularly in the mountains. He is anxious to develop a new cadre of nurse practitioners who would take charge of clinics, particularly those in the mountains that are not visited or seldom visited by doctors, and offer a simple medical and health service. Five trainees are currently at Meharry College in the United States.

Foreign Assistance

IPPF gives an annual grant to LFPA.

Oxfam has contributed towards agricultural development and a Flying Doctor service.

Pathfinder Fund and World Neighbors have given some limited support to family planning work.

Sources

LFPA Annual Report 1973.
Africa Contemporary Record 1972-73.

Much of the information in this report was kindly provided by the LFPA.

Situation Report

Distribution*

Country LUXEMBOURG

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,586 sq. kms.[1.]
Total Population	290,992	314,889	348,000 (1972)[1.]
Population Growth Rate			0.8% (1963-72)[1.]
Birth Rate	13.9	16.0	11.8 per 1,000 (1972)[1.]
Death Rate	11.5	11.8	11.9 per 1,000 (1972)[1.]
Infant Mortality Rate	47.9	31.5	14.0 per 1,000 (1972)[1.]
Women in Fertile Age Group (15-44 yrs)			87,689[2.]
Population Under 15			22%[3.]
GNP Per Capita	1,526	1,568	US$3130 (1971)[4.]
GNP Per Capita Growth Rate			3.7 (1965-71)[4.]
Population Per Doctor			924 (1971)[5.]
Population Per Hospital Bed			87 (1971)[5.]

1. Demographic Yearbook 1972.
2. Figure provided by Famille Heureuse, Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.
5. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT LUXEMBOURG MAY 1974

GENERAL BACKGROUND

Family allowances: Birth allowances of 4,200 francs for the first child, and 2,500 for each subsequent child, are paid. There are also contributory allowances of approximately 370 francs per child under 19 years (25 in the case of students). Health insurance is compulsory for industrial workers, employees, etc. and voluntary schemes cover most other categories of people. Employees pay two-thirds of the contribution, and employers one-third. Social Service benefits are also guaranteed to foreigners in accordance with International Conventions signed with individual countries.

The fertility rate per 1,000 women aged 15-44 years was 63 in 1972.

PLANNED PARENTHOOD SITUATION

Contraceptive advice and services are available from the Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle (MLPFES).

PLANNED PARENTHOOD ASSOCIATION

Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle (MLPFES),
3 avenue Pescatore,
Luxembourg.

President: Mr. R Gregorius

Government Policy

The Government is becoming increasingly interested in planned parenthood. Support is given to MLPFES by the Ministries of Family and Welfare, Education and Public Health. Support is also provided by the City Council.

Legislation

There is no law against contraception. Abortion is illegal, except where the woman's life is in danger. A number of proposals for amendments to the law on abortion have been tabled.

Services and Methods

The MLPFES runs one centre and gives advice and services on all methods. About 80% of those seeking advice come from Luxembourg, and the remainder from other European Economic Community countries, Portugal and Spain. Induced abortion is estimated at about 50 per 100 births.

Information and Education

The MLPFES organises sex education courses for schools (primary, secondary, teachers training). A number of programmes have been broadcast on the radio and television. The press, with the exception of the Roman Catholic newspaper, is favourable to planned parenthood.

Situation Report

Distribution *

Country MALAGASY REPUBLIC (MADAGASCAR)

Date APRIL 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		587,041 sq. kms.
Total Population	5,393,000	7,555,134 (1971)
Population Growth Rate		30 per 1,000 (1963-73)
Birth Rate		46 per 1,000 (1971)
Death Rate		18 per 1,000 (1971)
Infant Mortality Rate		96 per 1,000 (1971)
Women in Fertile Age Group (15-44 yrs)		4,689,751 (1971)
Population Under 15		2,965,383 (1971)
Urban Population		1,123,596 (1971)
GNP Per Capita		US$140[1].
GNP Per Capita Growth Rate		1.2% (1971-73)
Population Per Doctor		10,800 (1971)
Population Per Hospital Bed		1,500 (1971)

1. World Bank Atlas 1973.

Unless otherwise indicated these figures were taken from Economic Situation for Madagascar 1st January 1973 (1973), Population of Madagascar 1st January 1971 published by Institut National de la Statistique et de la Recherche Economique.

* This report is not an official publication but has been prepared

GENERAL BACKGROUND

The Malagasy Republic, an island over 200 miles from the south-east coast of Africa, became an independent state within the French community in 1960, under the Government of General Tsiranana. In May 1972 General Tsiranana was forced to hand over full powers to General Ramanantsoa after a revolt primarily carried out by the students of the University of Madagascar and the lycée pupils, with some support from the workers.

Overall population density is about 11 per square kilometre, but parts of the south west are almost uninhabited. The population is concentrated in the central provinces of Fianarantsoa and Tananarive. The capital city, Tananarive, has a population of 450,000.

Ethnic Groups

There are some 18 different Malagasy ethnic groups. The largest are the Hova, Betsimisaraka and Betsileo. About 31,000 French people and 53,000 others from Réunion and the Comoro Islands also live in Madagascar, together with some 17,000 Indians and a few thousand Chinese.

Language

Malagasy and French are the official languages, but French is the medium of instruction in schools and Malagasy is treated as a second language. Hova and other dialects are widely spoken.

Religion

The majority of the population follow traditional beliefs. There is a large Christian following of various denominations (about 20% of the total population are Roman Catholic) and a Muslim minority (about 5%).

Economy

Agricultural production is estimated to contribute about 30% of the value of the Gross Domestic Product. It is the main activity of 80% of the economically active population, and accounts for more than 75% of the export earnings. Rice is the basic food, but despite relatively advanced cultivation methods on terraced irrigated paddy-fields, Malagasy farmers have not succeeded in increasing their productivity in the face of rising demand. With Mexico, Malagasy is the major vanilla producer. This is the main cash crop of the densely populated area on the north-east coast.

After Zanzibar, Malagasy is the largest producer of cloves.

Sea fisheries have been developed within the last five years. In spite of considerable resources of tuna and other sea fish, no Malagasy enterprise is engaged in industrial fishing, and processing is either artisan smoking and curing, or carried out by foreign companies for export.

Further slowing of economic activity caused by the revolt in May 1972 has been reported.

The country is known to have a wide variety of minerals; so far only chromite and mica have been mined, and supplies of these have declined

continues, and an agreement has been signed with De Beers for diamond prospecting in the south-east of the island.

There is very little industrial development, but in 1971 there was some expansion of manufacture of textiles, paper soap and building materials among other things.

Of an active population of c 3,300,000 people it is estimated that there are c 300,000 salaried and wage-earners. There is considerable under-employment and seasonal unemployment for which no figures are available.

Main exports in 1971 in order of importance were coffee, cloves, vanilla and rice.

Communications/Education

The terrain is difficult and transport is not well-developed. Of the 52,000 miles of road, very little is metalled, and about a quarter can only be used in dry weather. Most of the west coast rivers are navigable for about 100 miles. The chief ports are Tamatave, Majunga and Diego-Suarez. Negotiations for aid for a deep water port at Tananarive are being carried out. There are 3 international airports, one at Ivato, near the capital, one at Majunga (west coast) and one at Tamatave (east coast).

Newspapers	12 copies per 1,000 people	1972-73
Radios	87 sets per 1,000 people	1972
Television	0.4 sets per 1,000 people	1972
Cinema	2 seats per 1,000 people	1972

There are 9 principal daily newspapers.

Education is both public and private. It is compulsory between the ages of 6 and 14. The educational system remains closely linked with that of France.

School enrolment 1969-72

Primary	1,000,447
Secondary	105,320

Over 55% people over 15 years of age are thought to be illiterate. There is one university which registered 5,874 students in the period 1969-72. Four-fifths of enrolled students are eliminated after one year.

Of every 1,000 pupils who enter primary school, only 24 reach the 6th grade. Of every 100 pupils who read the sixth grade only 5 pass the matriculation exams.

Medical/Social Welfare

All medical services are free and there are family allowances as well as benefits for industrial accidents and occupational diseases. The Christian missions offer welfare services also.

There is one medical school.

Sterility and subfertility as a result of venereal disease, and abortions are regarded as serious problems.

FAMILY PLANNING SITUATION

A limited family planning service is provided by the Association pour le bien-être de la famille et la santé de la mère (Fianakaviana Sambatra).

Attitudes

In the past the Government has been strongly opposed to family planning and any suggestion of population limitation. It has confiscated contraceptive supplies sent to the Association on a number of occasions. However, since 1973, there has been a considerable change in the attitudes of both the Government and the public. An indication of this change is the establishment of a Department of Population within the Ministry of Health. Also, as a contribution to World Population Year activities, a National Committee for Family Planning which includes the Fianakaviana Sambatra, has been set up. In addition the Department of Population has obtained substantial supplies of motivational materials from IPPF.

Legislation

The French anti-contraceptive law of 1920 is still in force. Abortion is illegal.

FAMILY PLANNING ASSOCIATION

History

Fianakaviana Sambatra was founded in 1964 by Mrs. Beth Arnold. Three years later President Tsiranana declared himself opposed to the sale of any contraceptives. However, official registration was eventually achieved in 1967, and confirmed in the Government's Journal Officiel. The Association's work has been strictly limited to providing contraceptive advice and services to married women who have their husband's consent.

The Association became an IPPF member in 1971.

Address

Fianakaviana Sambatra,
(Association pour le bien-être de la famille et la santé de la mère)
22 rue Ranariveleo,
Behoririka, B.P. 703,
Tananarive.

Officials

Chairman:	Mrs. Alice Rajaonah
Executive Secretary:	Mrs. F Ramambasoa
Information & Education Officer:	Mr. Gérard Rakotondrainibe

Services

The Association runs three clinics, 2 in Tananarive and one in Antsirabe, 170 kilometres away. The main clinic holds 7 three-hour sessions per week, the two branch clinics (one of them at Isotry in the Industrial area of the city) hold 6 three-hour sessions.

Currently, no family planning services will be given to any woman who has less than four children, unless she presents a medical certificate, signed by a doctor, saying that family planning is in the health interests of the woman. IUDs and orals are available to women with four or five children and injectables to women with six or more.

Acceptor figures for 1972 were as follows:

Methods	New Acceptors	Continuing Acceptors
Oral	275	410
IUD	72	539
Condom	40	19
Diaphragm	0	1
Injectables	578	728
Other	0	0

No sterilisations or abortions were performed by the Association in 1972, nor were any such cases referred elsewhere.

There is a new clinic at Tamatave which will be opened as soon as a doctor is found to man it.

Information/Education

News of the services provided by the Association, is passed on almost entirely by word of mouth - even so, some clients come to the clinic sessions from as far away as 150 kilometres, and a journey of 60 kilometres is quite common.

Two committees are to be set up, one for sex education and one for information and education. The Association concentrates on giving talks, holding discussions and showing films with groups of young people in such organisations as the YWCA, women's associations, the Red Cross and theological colleges. The FPA also publishes a quarterly newsletter in Malagasy which gives information about family life education.

Two seminars have been arranged for 1974 with the following themes: The Right of the Woman and The Right of the Child. One of the seminars will be held in Tananarive and the other in Tamatave.

Other plans for 1974 include the establishment of a small library which will contain books, pamphlets and reports on family planning.

The Association will participate in the celebrations to be organised by the Government for World Population Year and will print and distribute special Greetings cards to mark World Population Year.

Apart from radio and television the Association also plans to use folk media to promote changes of attitude in Malagasy. Among the methods to be used will be songs, music and the 'Salegy' the country's

Training

The newly appointed Information and Education Officer attended the Workshop held in Nairobi, for Information and Education Officers which was organised by the IPPF Africa Regional Office in January of this year.

Research/Evaluation

The Association has plans to examine the drop-out rate and its causes among its clients.

Foreign Assistance

IPPF gives an annual grant.

The Government has made a submission for aid to USAID for an expert to study population problems in relation to fertility control; for USAID services in securing training for medical and para-medical personnel and for some assistance with sending demographers on the training course held at Yaoundé in Cameroon.

Plans

Inquiries are to be made into the possibility of establishing a pilot sex education project in the University.

Sources

Fianakaviana Sambatra Annual Report 1972.

" " Work Programme 1974.

Africa Contemporary Record 1972-73.

Much of the information in this Report was kindly provided by the Fianakaviana Sambatra.

Situation Report

Distribution *

Country MALAYSIA (WEST) Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			131,313 sq. kms.[1]
Total Population	5,190,000	6,909,000	8,801,399 (1970)[2]
Population Growth Rate			2.4% (1963-72)[2]
Birth Rate	44.1	40.9	34.5 per 1,000 (1971)[2]
Death Rate	15.4	9.5	7.2 per 1,000 (1971)[2]
Infant Mortality Rate	97.3	68.9	38.5 per 1,000 (1971)[2]
Women in Fertile Age Group (15-44 yrs)			1,230,000 (1970)[3]
Population Under 15			44%[4]
Urban Population			45.3%[5]
GNP Per Capita			US$400 (1971)[6]
GNP Per Capita Growth Rate			3.1% (1960-71)[6]
Population Per Doctor	8,600	6,500	5,200 (1971)[7]
Population Per Hospital Bed	232	286	330 (1971)[8]

1. UN Statistical Yearbook 1970.
2. UN Demographic Yearbook 1972.
3. Department of Statistics, Malaysia, 1971.
4. Population Reference Bureau, World Population Data Sheet 1973.
5. UN Monthly Statistical Bulletin, November 1971.
6. World Bank Atlas 1973.
7. Ministry of Health, Public Health Institute, Malaysia.
8. Ministry of Health, Malaysia.

* This report is not an official publication ... has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

West Malaysia consists of 11 States on the Malayan Peninsula; the Malaysian Federation is made up by the addition of Sarawak and Sabah in North Borneo but the bulk of the Federation's rapidly growing population is on the more economically advanced West. The Supreme Head of Malaysia is an elected monarch, who acts on the advice of Parliament and a Cabinet.

Malaysia is a tropical country and about four-fifths of the country is covered by forests and swamps. Population density in West Malaysia is 67 per square km. (1970). Over one half of the population live in communities of 5,000 or more, with the urban sector increasing more rapidly than the population as a whole. Over three-quarters of the population are concentrated in the coastal areas, where the density is nearly double the average for the country as a whole.

Land development in Malaysia is not keeping pace with the rural population pressure, but the Second Malaysian Plan (1971-75) shows awareness of this squeeze and aims for the development of new land at a rate of 200,000 acres yearly up to 1975.

Ethnic Groups

1970 estimate - 53.2% Malay, 35.4% Chinese, 10.6 Indian and.8% others.

Language

The official language is Malay (Bahasa Kebangsaan), English is widely spoken; some Chinese dialects and Tamil are also spoken.

Religion

Most of the population are Muslim and Islam is the official religion. There are Buddhist and Hindu minorities.

Economy

The economy is based on the export earnings (and hence foreign exchange) of a narrow range of products, in which rubber, tin, oil palm and timber predominate. Malaysia is the world's leading producer of natural rubber, accounting for 35% of the world's output. It is the world's largest source of tin (over 1/3 of the world's supplies), and oil palm is increasing in importance in the economy, helping the country move the base of her economy away from over-reliance on rubber.

The dependence on the primary sector is high, with 60% of the economically active population being engaged in agriculture.

During 1973 Malaysia recorded an increase of more than 20% over 1972 in its gross national product.

However, in Malaysia, as in most of Asia, there is a serious unemployment problem. Within the Second Malaysian Plan period there will be a further addition of 640,000 job seekers, while the Plan has fixed a target of 560,000, leaving at least 324,000 unemployed.

Communications/Education

Malaysian radio broadcasts in four languages Malay, English, Chinese and Tamil. A television station was established in 1963 in Kuala Lumpur: in 1971 there were 36 radios and 12 television receivers per 1000 people. Malaysia has 15 daily newspapers (in four languages) with a circulation of 781,000 i.e., 74 newspapers per 1,000 population.

Education is free between the ages of 6 and 15. There are three universities - two at Kuala Lumpur and one at Penang. It is estimated that by the year 1982 there will be about 3.58 million school-age children. A World Bank loan of $19 million to education was announced in March 1974, over a period of 25 years. Total cost of the project will be $41.4 million.

Medical

Medical services are provided by the Government. The medical and health services were expanded in 1967 and during the Second Five Year Development Plan the expansion of health services in the rural area was particularly stressed. Hospital admission, hospital out-patient attendances and maternal and child health clinic attendances had increases of 40%, 81% and 42% respectively during the ten year period of time from 1957 to 1967.

FAMILY PLANNING SITUATION

There is a Federation of Family Planning Associations in Malaysia. The Government accepted responsibility in 1965 for a family planning programme and set up a National Family Planning Board (NFPB) in 1966.

The Malaysian Government was one of the original signatories to the United Nations Declaration on Population.

There are 790 government and FPA clinics, with private doctors and about 200 rubber estates also participating.

The large numbers of women born during the "baby boom" of the early 1950's are now reaching adulthood and marrying. A projection has indicated that if the 1969 fertility level should be maintained, the crude birth rate would rise to 35.3 in 1975 and 37.6 in 1985.

Malaysia initiated the formation of the Intergovernmental Coordinating Committee of South East Asia Regional Cooperation in Family and Population Planning which comprises of Khmer, Malaysia, Nepal, Singapore, Philippines, Indonesia, Thailand, Laos and South Vietnam.

Legislation

No anti-contraceptive legislation exists. Abortion is illegal except on medical grounds. No data are available on number of abortions, but approximately half the gynaecological admissions at the General Hospital, Kuala Lumpur result from illegal abortion.

FAMILY PLANNING ASSOCIATION

Address

Federation of Family Planning Associations,
59 Jalan Templer,
Petaling Jaya,
Selangor,
MALAYSIA.

Officials

President:	Tunku Tan Sri Mohamed bin Tunku Besar Burhanuddin
Chairman:	Dr. T Devaraj
Vice-Chairman:	Dr. T Visvanathan
Hon. Secretary-General:	Dr. Thomas Ng Khoon Fong
Hon. Treasurer-General:	Enche Otham bin Hitam
Executive Director:	Encik Saran Singh Sekhon

History

First organised family planning activity began in July 1953, with the formation of the Family Planning Association of Selangor, followed by the formation of Associations in Johore, Perak and Malacca. In 1958, these Associations formed the Federation of Family Planning Associations (FFPA), with headquarters in Kuala Lumpur, which became a member of the IPPF in 1961. By 1962, the Federation was made up of 11 autonomous Associations, one for each state in West Malaysia. IPPF South East Asia and Oceania Regional Office is located at Kuala Lumpur.

Close cooperation exists between the FFPA and the NFPB, with representatives of the Federation sitting on all the main committees such as Central Coordinating Committee, Joint Services and Evaluation, Training and Information Sub-Committees.

The FFPA is still in a phase of transition, continuing to move from its former pioneering role with provision of Family Planning Services (educational and clinic in both Government and private accommodation) as its major responsibility to its long-term role of supplementing and complementing the Malaysian National Family Planning Program with strategically selective and more specialised activities, particularly in the field of education, working with various strategic agencies including those involved with youth. Close cooperation and liaison are maintained with women's organisations of all kinds, universities and government departments.

Since the commencement of the NFPB service programme, the FFPA has been gradually withdrawing its clinic activities from Government Health premises, but, owing to the staffing position, the FFPA continues services in 58 Government clinics as well as at 18 quasi-government centres at the request of the NFPB. In 1973 the FFPA was responsible for about 25-30% of the total acceptors within the national family planning programme, at the same time gradually moving into new spheres of family planning and population education activity. In 1973 there were still 54,000 users of FPA clinics even though the number of clinics had been reduced, and 90% of these continued with oral contraceptives, although the clinics offer a "menu" type of service with a wide choice of contra-

Information and Education

The period since the NFPB started operations has been one of re-assessment of the FFPA's role. In 1970, the FFPA identified the lines along which it would work, in order to complement and supplement the educational work of the NFPB. As a first step FFPA provided family planning orientation courses to strategic groups at both central and state levels. A full time Education and Publicity Officer has been employed since July 1971.

Educational and motivational activities are directed towards:

a) Post partum and high parity women. Personal educational contact work at Maternal and Child Health centres and some Maternity Hospitals is routinely undertaken.

b) Men, primarily in rubber estates, industry, police and armed forces.

c) Professional groups - doctors, nurses, teachers, etc. - through seminars, lectures during pre and in-service training.

d) General public through exhibitions, films, shows, publicity, etc.

In 1973-74 the FFPA is aiming to prepare itself for carrying out a larger education programme in the next few years. Hence, the emphasis at present is on the production of basic educational material, and the training and establishment of a nucleus of persons who will be able to conduct educational activities at grass-root level.

During the last half of 1973 a proposed Teachers Course originally scheduled in April was cancelled in view of the encouraging news that some states are beginning to conduct their own shorter orientation courses.

The FFPA is increasing its contact with youth, with such activities as inter-school debates.

In November 1973 the FFPA held an exhibition on "Planning for a Better Family Life", the largest and most important up-to-date, which was attended by 18,000 persons.

Training

The Federation gives training to its 11 affiliated state associations through its Demonstration Training Centre. A new building has been acquired, and will be re-equipped in 1974. The Centre draws on volunteer lecturers, including some from government departments and the NFPB. It offers training to staff from industrial/commercial sectors, union leaders and other community workers who then act as important motivators in their spheres of influence.

In 1973, the training centre organised 21 classes for 157 trainees. Included in the training programme is the education of extension workers of such agencies as The Federal Land Development Authority, and other organisations outside the government, such as Trade Unions and Women's Institutes.

Evaluation and Research

The Evaluation Section analyses family planning service statistics, characteristics of acceptors, and annual costing of family planning services.

It has also compiled reports for each state on patient 'drop out' analysis of FPA patient work load and clinic by clinic service attendances.

Studies in relation to patient continuation rates, home visits, cost-effectiveness and cost-benefits are being carried out.

With the closing down of more clinics as the NFPB expands, the FFPA will take on the responsibility of carrying out specific pilot projects in relation to new methods of motivation and contraception in order to assist the Government in choosing the most effective methods in terms of cost as well as in terms of bringing down the birth rate.

A clinical research project of particular interest is the retrospective and prospective study, begun in 1973 and designed to last over 2½ years, of "Maternal Health and Early Pregnancy Knowledge in West Malaysia". The study is being undertaken by the Federation in cooperation with the NFPB and the University of Malaya, and receives financial support from the International Development Research Centre of Canada.

GOVERNMENT

Address

National Family Planning Board,
Bangunan Umno Selangor,
Peti Surat 416,
Jalan Ipoh,
Kuala Lumpur,
MALAYSIA.

Personnel

Chairman:	Enche Mohamed Khir Johari
Director-General:	Dr. Shamsuddin bin Abdul Rahman

History

The Government accepted responsibility for family planning in 1965. The Family Planning Act was passed by the Parliament and received Royal Assent in April 1966. The National Family Planning Board (NFPB) came into existence as an interministerial organisation, having statutory powers and autonomy. Five divisions were established in the NFPB - Service and Supplies; Training; Information; Evaluation and Research, and Administration.

The NFPB commenced functioning in June 1966 with the target of reducing the rate of population growth from 3% to 2% by 1985. Before commencing, a KAP Study on family planning was conducted by the Department of Statistics with technical assistance from the University of Michigan in conjunction with the NFPB.

Services

In the national programme, service is provided through the following channels: NFPB main clinics, sub-stations and mobile clinic teams; voluntary Family Planning Associations; those plantations which participate in the national programme; the Federal Land Development Authority Schemes and private practitioners. Clinical services are supported by face-to-face motivation at hospitals, maternal and child health centres by the NFPB and FPA staff. The NFPB services programme was planned to be carried out in four phases beginning with the large metropolitan areas in Phase I and expanding to rural areas in Phase III and IV. Phase I, which covered seven large municipalities with maternity hospitals attached to general hospitals involving a total population of about 1.5 million was completed in 1967. In 1968, Phase II, expansion of services into smaller cities was accomplished. Twenty-eight district hospitals and some adjoining health centres were opened. In Phase III family planning services were extended to the remaining district hospitals, main health centres and sub-centres.

Since 1970, Phase IV of integrating family planning into government rural health services is being implemented. To implement this programme the NFPB trained 230 Ministry of Health staff. State co-ordinating committees have been formed to conduct the programme. Evaluation studies are being undertaken to analyse administrative methods, contraceptive distribution and role of auxiliary health personnel in motivation.

Currently, 186 estate and 100 private medical practitioners are participating in the national programme. The National Family Planning Board is operating 75 state and 415 mobile clinics. Between 1967 and 1973, 277,298 new acceptors were recruited, the most popular method remaining the pill, with 90% of women choosing it.

Many methods of contraception are freely available and injectable methods were tried out with success.

Orals are supplied at a fixed price of M$1.00 (US 28 cents) per cycle. A small registration fee is also charged. However, free orals and registration are made available to those who cannot afford to pay. On an average 75% orals are sold and 25% are given free. Other contraceptive methods are provided free of charge.

Part of the government's programme is to carry family planning services to the remote areas of the country, and it is hoped that this will be achieved by 1975. A large proportion of acceptors (64% in 1972) came from the under 30 age group, and many adopt family planning in order to space their children.

The programme has gradually attracted an increasing proportion of acceptors from groups of lower socio-economic status as it expands. In 1972, 74.8% of the acceptors had no schooling at all or only primary level education, compared with 49.0% in 1968 and 59.8% in 1969. The expansion to the rural sectors has been an influence on this.

Information and Education

The approach followed has been use of the mass media, and of regional information officers to conduct group meetings, and family planning clinic personnel for informal communications.

During 1972 Malaysia began a three-year project (with funds from UNFPA) towards establishing an in-school population programme. Programme and materials are being developed, a teachers' training programme conducted, and evaluation undertaken over the three years.

An out-of-school population education programme is also being planned, and during 1972, the Malaysian Trade Union Congress began an active information and education project in population/family planning through a series of seminars.

Radio and television are used to inform people about family planning, featuring interviews, forums and talks. The press also is widely used and a monthly newsletter, "Bulitin Keluarga", is produced by the Information Division.

Training

The NFPB training programme in 1972 included 19 courses conducted at headquarters (423 persons) and 12 orientation courses at the state/regional level for traditional midwives (a total of 222 persons). The courses at headquarters included orientation courses for officers of the Federal Land Development Authority.

Research and Evaluation

For evaluation purposes, individual records at the initial visit of every acceptor are made, and copies of all records sent to the NFPB's headquarters monthly. Based on these records programme achievement and acceptor characteristics are analysed. It is hoped to carry out studies and research on the inter-relationship between social, cultural and economic factors and population changes and on fertility patterns in Malaysia.

A preliminary analysis was completed on pre-acceptance and post-acceptance fertility among family planning clients, concluding that fertility appears to drop substantially beginning in the year following acceptance.

A three-year pilot study of a sample of traditional midwives was started in 1972 to assess their potential contribution in assisting family planning. By the end of 1972, a total of 72 were participating in the study out of an eventual number of 200 to 300.

Assistance

IPPF - provides annual assistance and grants to the FFPA.

UNFPA - is providing substantial funds for an extensive family planning programme through the Malaysian NFPB.

UNICEF - is providing equipment to the Ministry of Health for midwife clinics and health centres, in addition to the grant given to NFPB for the training of traditional midwives in family planning.

Swedish International Development Authority - extends technical assistance in the form of contraceptives, transport vehicles and training and information materials to the NFPB. Through mid-1972 it had given about $800,000 in family planning assistance to Malaysia.

Ford Foundation - has provided support to the Malaysian family planning programme since 1964. The Foundation has given several funds to the University of Michigan to provide advisory assistance, training and materials to the NFPB.

Sources

Annual Reports - Family Planning Association.

Europa Yearbook 1971.

Situation Report

Distribution *

Country NETHERLANDS Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			33,612 sq. kms.[1.]
Total Population		11,480,000	13,300,000 (1972 estimate)[2.]
Population Growth Rate			1.2% (1963-72)[2.]
Birth Rate			16.1 per 1,000 (1972)[2.]
Death Rate			8.5 per 1,000 (1972)[2.]
Infant Mortality Rate			11.4 per 1,000 (1972)[2.]
Women in Fertile Age Group (15-44 yrs)			2,685,579 (1970)[2.]
Population Under 15			27%[3.]
GNP Per Capita			US$2620 (1971)[4.]
GNP Per Capita Growth Rate			4.2% (1965-71)[4.]
Population Per Doctor			832 (1970)[1.]
Population Per Hospital Bed			190 (1970)[1.]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 7 to 15 years. The fertility rate per 1,000 women aged 15-44 years was 88 in 1970.

PLANNED PARENTHOOD SITUATION

Advice and services are available from RS (Dr. J Rutgers Stichting) clinics, university hospitals and family physicians.

PLANNED PARENTHOOD ASSOCIATION

Dr. J Rutgers Stichting (RS),
Groot Hertoginnelaan 201,
The Hague.

Chairman: Mrs. M Zeldenrust

The Dutch Society for Sexual Reform (NVSH) was a founder-member of the IPPF. In 1970, the Dr. J Rutgers Stichting (Foundation) took over the clinical work of the NVSH, and assumed full IPPF membership in its place by mutual agreement.

Government Policy

The RS is financially supported by government and municipal authorities. The Ministry of Culture, Recreation and Social Work covers about 30% of RS costs. Since 1972, contraceptives requiring medical prescription are supplied free-of-charge to those covered by the health insurance scheme (about 70% of the population). The Netherlands Government granted $300,000 to the IPPF in 1973.

Legislation

A 1970 law permits the display, advertising and sale of contraceptives to minors, including condoms in public vending machines. Abortion, although illegal, is openly performed. Reforms in the law are under review.

Services and Methods

The RS has over 60 contraception clinics. Various non-profitmaking clinics (e.g. Stimezo) provide out-patient abortion services. In 1971, 25% of women aged 15-44 years took oral contraceptives. Induced abortions on resident women are estimated at 50,000 annually, compared to 240,000 live births.

Training

The RS trains all physicians and nurses working at its clinics.

Situation Report

Distribution *

Country POLAND

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			312,677 sq. kms.[1.]
Total Population	24,824,000	29,703,000	33,068,000 (1972 estimate)[2.]
Population Growth Rate			0.8% (1963-71)[2.]
Birth Rate	30.1	22.6	17.4 per 1,000 (1972)[2.]
Death Rate	11.6	7.6	8.0 per 1,000 (1972)[2.]
Infant Mortality Rate	111.2	54.8	28.5 per 1,000 (1972)[2.]
Women in fertile Age Group (15-44 yrs)			8,525,400 (1970)[3.]
Popualtion Under 15			28%[4.]
GNP Per Capita			US$1350 (1971)[5.]
GNP Per Capita Growth Rate			5.3% (1965-71)[5.]
Population Per Doctor		870 (1963)	640 (1971)[1.]
Popualtion Per Hospital Bed			130 (1971)[1.]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. Figures provided by Towarzystwo Planowania Rodziny.
4. 1973 World Population Data Sheet, Population Reference Bureau Inc.
5. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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IPPF SITUATION REPORT POLAND MAY 1974

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances as well as paid maternity leave. Education is free and compulsory for ages 7-14 years. The fertility rate per 1,000 women aged 15-44 years was estimated at 75 in 1971.

PLANNED PARENTHOOD SITUATION

Advice and services are available from clinics throughout the country and planned parenthood is integrated with the public health services.

PLANNED PARENTHOOD ASSOCIATION

Towarzystwo Planowania Rodziny (TPR),
Ul. Karowa 31,
Warsaw.

President: Professor Boleslaw Gornicki

The TPR was founded in 1957, and became an associate member of the IPPF in 1959 and a full member in 1965.

Government Policy

The Government supports the TPR, which has close relations with the Ministries of Education, Health and Social Welfare, Defence and Justice.

Legislation

There is no law against contraception. Abortion is legal on social grounds. A law of 1969 requires physicians to offer contraceptive advice after delivery and abortion, and every new mother has to sign a certificate saying that she has been given advice.

Services and Methods

There are over 3,000 clinics throughout the country. In addition, the TPR has its own clinics in Warsaw and Krakow. The TPR manufactures through its company 'Securitas' spermicide and cervical caps. Diaphragms are imported; IUDs and orals are manufactured. Contraceptives are also sold in pharmacies, stationery shops and various health institutions. 70% of the cost is borne by social insurance. The legal abortion ratio is about 27 per 100 live births.

Training

Contraception is included in the curriculum of gynaecology students. 5th year medical students have 2 hours on contraception and 6 hours on fertility and sterility. In cooperation with the Ministry of Health and Social Welfare, TPR organises courses for physicians and midwives. The Institute of Mother and Child organises international training conferences, including lectures, on contraception for physicians from other countries.

Information and Education

Since September 1973, a new subject - preparation for family life - is optionally included in secondary school curricula. The intention is that this subject shall eventually become obligatory.

The TPR sex education committee is responsible for coordinating activities and preparing guidelines for provincial committees, and organises training courses for teachers and lectures for young people, and produces visual aids, literature, etc. Several TPR provincial, district and town branches run a telephone advisory service.

The TPR is also active in education in the army. A weekly radio programme is devoted to aspects of planned parenthood, sex education, pregnancy etc. There are also many TV programmes on these topics.

The Contemporary Family Research Centre (CFRC) conducts research on attitudes and views of youth on sex, love, marriage and family and on marital difficulties. The CFRC supervises a premarital and family consultation office, arranges discussions when the research is in progress, and evaluates the results of research on the contemporary family conducted by other institutions.

The TPR has its own publishing department, producing literature on planned parenthood, sex education, infant care, hygiene, infertility, etc. The TPR publishes a quarterly journal entitled Family Problems.

Situation Report

Distribution *

Country PORTUGAL Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			92,082 sq. kms.[1.]
Total Population	8,405,000		8,830,000 (1972)[2.]
Population Growth Rate			0.9% (1963-70)[2.]
Birth Rate	24.1	24.2	21.3 per 1,000 (1971)[2.]
Death Rate	12.5	10.8	11.1 per 1,000 (1971)[2.]
Infant Mortality Rate	89.1	77.5	49.8 per 1,000 (1970)[2.]
Women in Fertile Age Group (15-44 yrs)			2,052,200 (1969)[2.]
Population Under 15			29%[3.]
GNP Per Capita			US$730 (1971)[4.]
GNP Per Capita Growth Rate			5.3% (1965-71)[4.]
Population Per Doctor			1064 (1971)[1.]
Population Per Hospital Bed			164 (1971)[1.]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

There is a state social welfare fund. Health services are usually covered by private insurance organisations. Since January 1974 education is free and compulsory for ages 6 to 14 years. The Government plans to expand higher education, doubling the number of universities from 4 to 8.

PLANNED PARENTHOOD SITUATION

Planned parenthood advice and services are available from the centres, run by Associaçao para o Planeamento da Família, some MCH centres and at the university and maternity hospitals in Lisbon and in Porto.

PLANNED PARENTHOOD ASSOCIATION

Associaçao para o Planeamento da Família (APF),
Rua artilharia Um, 38-2° DT°,
Lisbon 1.

President: Dr. Antonio Galhordas

The APF was founded in 1967, and became an associate member of the IPPF in 1971.

Government Policy

The Ministry of Health has authorised the establishment of planned parenthood services in MCH centres belonging to the Maternity Institute, and has provided financial assistance to the APF.

Legislation

The advertising of contraceptives is illegal. Sterilisation is prohibited, except when life is in danger. Abortion is illegal, even on medical indications.

Services and Methods

The APF has branches and clinics in Lisbon, Funchal and Porto. All contraceptives are available. APF cooperates with hospital and MCH centres of the Maternity Institute in establishing services. By early 1974 there were 16 such centres offering family planning throughout the country.

Training

Groups of nurses and social workers have attended lectures at the Lisbon Centre. Planned parenthood is included in the teaching in the Public Health Department of the medical faculty, University of Lisbon.

Information and Education

The mass media are devoting attention to planned parenthood.

IPPF Aid

£6,000 in 1973.

Situation Report

Distribution *

Country SINGAPORE Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			581 sq. kms.[1.]
Total Population	1,022,000	1,634,000	2,147,000 (1972 estimate)[1.]
Population Growth Rate		3.7	2.0% (1963-72)[1.]
Birth Rate	45.5	38.7	23.3 per 1,000 (1972)[1.]
Death Rate	7.2	6.3	5.4 per 1,000 (1972)[1.]
Infant Mortality Rate	75.2	34.8	19.1 per 1,000 (1972)[1.]
Women in Fertile Age Group (15-44 yrs)			455,943 (1970)[1.]
Population Under 15			39%[5.]
Urban Population			80.8% (1970)[3.]
GNP Per Capita			US$1200 (1971)[4.]
GNP Per Capita Growth Rate			6.8% (1960-71)[4.]
Population Per Doctor			1388 (1971)[2.]
Population Per Hospital Bed			256 (1971)[2.]

1. UN Demographic Yearbook 1972.
2. UN Statistical Yearbook 1971.
3. UN Monthly Bulletin of Statistics - November 1971.
4. World Bank Atlas - 1973.
5. 1973 World Population Data Sheet - Population Reference Bureau

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Singapore became an independent and sovereign nation in 1965. It is a republic within the Commonwealth. The legislature comprises a Parliament elected by universal adult suffrage, with the President as Head of State.

Singapore is a small island at the end of the Malay Peninsular. Population density in 1970 was 3,528 per square kilometer. The population of Singapore is estimated to reach 3 million by 1985 and to double itself in 29 years.

Ethnic

At the end of 1969 there were 1,512,000 Chinese, 294,900 Malays and Indonesians; 161,800 Indians and Pakistanis; and 64,800 others.

Language

The national language is Malay. Besides this, Chinese,Tamil and English are official languages. English is the language of administration.

Religion

The main religions practised are Islam, Buddhism, Hinduism, Confucianism, Taoism and Christianity.

Economy

Singapore enjoys one of the highest per capita incomes in Asia, with trade accounting for 16% of the national income and employing a quarter of the labour force. The agricultural sector accounts for only 4% of the national income and employs 8% of the labour force. Singapore is the entry port for Malaysia and other South-east Asian countries and the fourth largest port in the world.

Communications/Education

In 1971, there were 11 daily newspapers with a circulation of 367,000 i.e. 174 per 1000 population. There were also 71 cinemas with a seating capacity of 55,000. 316,000 radio receivers, i.e., 150 per 1000 population and 159,000 television receivers, i.e., 75 per 1000 population were in use in 1971.

Singapore has a very well organised educational system. Primary and secondary education is available in all 4 official languages. There were 270 government schools, 241 government-aided schools and 15 private schools, with 4 industrial training centres, 3 vocational institutes, a technical college and a polytechnic and 5 universities and colleges in 1969.

Medical/Social Welfare

In 1969 there were 18 hospital establishments with 7,696 beds. There were 1,330 physicians, 186 dentists, 228 pharmacists, 4.127 nurses and 1,987 midwives providing medical services.

The Social Welfare Department aided by voluntary bodies provide a wide range of welfare services to individuals and families in need. There is no state social insurance system, but there is a central provident fund into which contributions must be paid by employers and employees.

FAMILY PLANNING SITUATION

An intensive family planning programme is carried out by the governmental body - Singapore Family Planning and Population Board (S.F.P.&P.B.). The Singapore Family Planning Association which pioneered family planning activities in 1949 gave over all its functions to the SFP&PB in 1968, but was revived again in 1972 to complement the work of the Government.

The target of bringing the rate of natural increase down to 15 per 1,000 by 1970 was not quite achieved, for the rate was 17.0 in 1969 and dropped only to 16.9 in 1971. However, it was found that more than 34,000 births were averted in 1972 as a result of the national family planning programme, 46.4% being due to the use of contraceptives provided by the SFP&PB, and 36.4% as a result of the non-government sector, which provided contraceptives, sterilisations and legal and illegal abortions.

Legislation

No anti-contraceptive legislation exists. In 1968 a law which made it difficult to get maternity privileges beyond the third child for employed women was passed. This law also made public housing readily available to childless couples.

Following the introduction of new measures in 1973, couples with more than two children receive lower priority for government housing and have to pay higher maternity fees. In addition, no tax deductions are given from the fourth child onwards.

Abortion and Sterilisation

In December 1968 the Abortion Act and the Voluntary Sterilisation Act were passed in Parliament. Abortion is legal for the life and health of the mother, or on eugenic, ethical, medical and social grounds. Abortion is represented as an adjunct to family planning and is a logical follow-up for contraceptive failure. The Voluntary Sterilisation Act clarified the legal position with regard to male and female surgical sterilisation.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Association of Singapore,
Room 4D,
Singapore Council of Social Service,
11 Penang Lane,
SINGAPORE 9.

Personnel

President:	Professor S S Ratnam
1st Vice-President:	Dr. M R Rasanayagam
2nd Vice-President:	Dr. Bernhard Aaen
Hon. Secretary:	Dr. Paul M Tan
Hon.Treasurer:	Dr. Christopher Chen

History

The Singapore Family Planning Association was formed in 1949 and was one of the founder members of IPPF in 1952. The SFPA's programme was developed in the 1950s to include a training and family planning education programme. The Association steadily expanded its activities until 1965, when it operated 27 clinics covering 10% of the eligible women.

The SFPA received support and assistance from the Government and encouraged the Government to accept responsibility for providing family planning services. In 1968 the Government took over the Association's functions and assets. The activities of the Association were integrated into the national programme.

In December 1971 the Association elected a new Board and opened negotiations with the National Family Planning Board to define a role for the private sector to fulfil in support of the government programme. The Association was resurrected in 1972 as an act of policy by the Government, which made it an initial grant of US$3,779. To ensure that its activities complement the national family planning programme, all SFPA projects are submitted to the Family Planning and Population Board for prior approval.

Education and Information

The Association ran 4 courses on Marriage Guidance in 1972. They were a great success and 6 such courses were also held in 1973. The Family Planning Board has urged the Association to extend the course in Malay, Chinese and English to more areas. This will be done so far as success in recruiting and training more volunteers for the purpose allows. A training course for these volunteers was held in August/September 1973. For this project the Association collaborated with the Y.W.C.A. and other voluntary Associations.

There are 187 Government Community Centres in Singapore and the Association holds in them forums on family life education and family planning. Sessions are informal and conducted in various languages. They were initially aimed at Teacher Trainees, and were extended to university students, and community leaders so that sex education will be thus filtered into the whole community.

Training

As mentioned above, a special project to recruit volunteers and train them in motivation, information and education began in 1972.

Research and Evaluation

A study is being carried out to identify the 'hard-core' group of those who have refused family planning. They are being identified from three sample investigations. One was conducted by medical students in 1972 in 1000 high rise flats. Another, sponsored by ECAFE and completed in December 1972, involved 2,5000 households obtained from the electoral register and 500 newly-weds chosen at random from the registry of marriages. The third survey covers women delivering their fourth child in the Government's principal maternity hospital and is estimated to involve 11-12000 women. All data will be fed into a computer and a programme drawn up to start dealing in 1974 with the problem of this 'hard-core' group.

GOVERNMENT

Address

Singapore Family Planning and Population Board,
26 Dunearn Road,
SINGAPORE 11.

Personnel

Chairman: Dr. V M S Thevathasan

Secretary: Dr. Han Fook Kee

History & Organization

Due to the constant request of the Association to the Ministry of Health to take over family planning activities in the government clinics, a Review Committee was set up by the Government in 1965. As a result of the White Paper on Family Planning that was published by the Government, a Family Planning Act was passed in the Parliament in 1965, establishing the Singapore Family Planning and Population Board, a statutory body charged with responsibility for implementing the first Five-Year Family Planning Programme. The plan aimed at reducing the crude birth-rate from 32 per 1000 in 1964 to 20 per 1000 in 1970, i.e. providing family planning facilities for 60% of all married women aged 15-44 years. The SFP & PB was inaugurated in 1966. In the first five years of the programme, the crude birth rate dropped from 28.6 per 1000 in 1966 to 22.1 per 1000 in 1970. But in 1971, it increased to 22.3, and in 1972 to 23.3. This increase has been attributed to the increase in the number of women entering the fertile age group as a result of the high birth rates immediately after the war although fertility continued to decline. Therefore, the increase must be accepted as a natural result of the change in age structure.

The Chairman of the SFP & PB is the Deputy Director of Medical Services (Health). The SFP & PB has 14 members comprising representatives from the Maternal & Child Health Services, the Maternity Hospital, the Statistics Department, the Social Welfare Department, the University of Singapore, as well as other eminent members of the community. The SFP & PB works in close cooperation with other Ministries.

Services

The 'menu card' approach has been continued in all clinics providing family planning services which enables acceptors to choose from a wide range of family planning methods.

Year	Number of Acceptors	
1967	30,935	
1968	35,338	
1969	35,643	
1970	24,230	
1971	17,749	(decrease owing to the programme's concentration the more difficult groups, usually older women)

Oral contraceptive was the most popular method used in 1971 - as 53% of the new acceptors used this. A further 42% used condoms, while the IUD further decreased in popularity during 1971, showing a continuing loss of confidence in it.

The post-partum programme continued to be the main source of recruitment of new family planning acceptors. In the 5-year period from 1966-70, 156,556 women accepted family planning using facilities of the SFP & PB. In addition 5,929 women were sterilised. In total this forms 64% of all married women 15-44 years of age in Singapore. The total number of clinic sessions run by the FP & PB increased from 211 weekly sessions in 49 clinics (1970) to 216 weekly sessions in 50 clinics (1971).

In 1969 and 1970 two studies on the continuation rates of the oral contraceptive users were published. It was found that 39% of the oral contraceptive acceptors continued the use after 30 months. Of the 61% discontinuers, more than 30% terminated use after one cycle and more than 50% after 4 cycles or less. 56% of the discontinuers had alternative contraceptive method, mainly condoms.

In 1966 the SFP & PB established a Cytology Service and routine annual cytological screening of every family planning acceptor is provided at the 17 full-time clinics of the SFP & PB and expected to be expanded in 38 other family planning clinics.

Information and Education

A publicity programme launched in 1966 has been continued. The initial phase using the mass media, was aimed at generating public awareness and creating atmosphere conducive to family planning acceptance. Radio, television and newspapers were intensively used and besides imparting information, the mass media brought the family planning theme into the open and made it socially acceptable.

Other publicity methods included exhibitions and an emblem design competition, films, booklets, pamphlets and posters were undertaken.

The initial theme propogated and popularised was the general message of "Plan your Family". Later the publicity theme narrowed down to "Plan your Family Small" and posters displaying the advantages of small family such as "Small Families have more to eat", "Small Families can live better", etc., were produced, and the theme has been maintained.

Face-to-face motivation is carried out at the maternity & child health clinics and at the government maternity hospitals where more than 75% of the total births take place. About 38% of all new acceptors in the five-year programme were post partum women.

To assist newly-weds to plan their families a Family Planning Advisory Service was started in 1967, and in 1971 616 persons attended lecture-demonstration sessions arranged by it.

The Industrial and Factory Service was launched in 1968 to provide interpersonal motivation to employees. The programme includes film shows, lectures and demonstrations with the follow-up of providing clinical services by mobile clinics.

SFP & PB has played host to 2 conferences on family planning: to the Working Group on Communications, Aspects of Family Planning Programmes ECAFE (1967) and in 1969 with the East West Centre of the University of Hawaii co-sponsored a Population Information Workshop in Singapore for Asian journalists.

In 1971, an Asian Mass Communication Research and Information Centre was set up in Singapore.

Research and Evaluation

The Evaluation Unit of the SFP & PB was set up in 1967 with technical advice from ECAFE. Information from the partially pre-coded clinic card is convened to the Evaluation Unit by micro-filming.

Many studies have been carried out in analysing the characteristics of acceptors. These indicate that the programme has penetrated all ethnic and social economic groups. However, the age distribution shows that while the programme is highly successful amongst women under 30 years of age, many of the older women have not accepted family planning services. Of particular mention is the relatively high percantage of acceptors who have no living sons.

One study attributed a little less than 50% of the fertility decline in 1966-70 to the National Family Planning Programme.

A Survey to study the cost-effectiveness of the Family Planning Programme was conducted early in 1971, and the results analysed and published. The calculated cost to prevent one birth by oral contraceptives was S$114.

Assistance

IPPF resumed financial assistance in 1973.

UNFPA - helped set up a training unit aside from an Information, Education and Communication Centre.

The Population Council - has made small grants for population studies and supplied IUDs, and has provided fellowships.

Swedish International Development Authority - helps with contraceptive purchasing arrangements.

Rockfeller Foundation - provided aid for research.

Norway - provided aid for a mobile clinic at Sembawang rubber estate in 1970.

The Pathfinder Fund has provided contraceptives.

The Ford Foundation hasprovided a grant of $51,000 to the University

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Situation Report

Distribution *

Country SWEDEN

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			449,750 sq. kms.[1.]
Total Population	7,014,000	7,480,000	8,122,000 (1972 estimate)[2.]
Population Growth Rate			0.7% (1963-72)[2.]
Birth Rate	15.5	13.7	13.8 per 1,000 (1972)[2.]
Death Rate	10.5	10.0	10.4 per 1,000 (1972)[2.]
Infant Mortality Rate			11.1 per 1,000 (1972)[2.]
Women in Fertile Age Group (15-44 yrs)			1,590,560 (1971)[3.]
Population Under 15			21%[4.]
Urban Population			79.6% (1970)[5.]
GNP Per Capita			US$4240 (1971)[6.]
GNP Per Capita Growth Rate			3.0% (1965-71)[6.]
Population Per Doctor		950 (1963)	743 (1970)[1.]
Population Per Hospital Bed			67 (1970)[1.]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. Sweden, Country Profiles, The Population Council, July 1972.
4. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
5. UN Monthly Bulletin of Statistics, November, 1971.
6. World Bank Atlas 1973.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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IPPF SITUATION REPORT SWEDEN MAY 1974

GENERAL BACKGROUND

About 30% of the budget is allocated to health and social welfare. The welfare system includes free or low cost health insurance, child and maternity allowances, paid maternity leave, housing loans, day nurseries etc. Education is free and compulsory for ages 7 to 15 years. The fertility rate per 1,000 women aged 15-44 years was 72 in 1971. The abortion ratio per 100 live births was estimated at 22 in 1973. Sweden has the highest life expectancy and lowest infant mortality in the world.

PLANNED PARENTHOOD ASSOCIATION

Riksförbundet for Sexuell Upplysning (RFSU),
Box 17006,
104-62 Stockholm,
Rosenlundsgatan 13.

President: Carl-Adam Nycop

The RFSU was founded in 1933, and was a founder member of the IPPF.

Government Policy

The Government is wholly favourable to planned parenthood. RFSU receives grants from the Government and the City of Stockholm.

The Government, through the Swedish International Development Authority (SIDA), was the first to give international planned parenthood assistance, and the first IPPF donor. Bilateral assistance is provided to a number of countries and approximates 5% of all assistance. In 1973, SIDA granted $2,650,000 to IPPF.

Legislation

There is no law against contraception. All imported condoms (none is manufactured) must be tested by one of two government testing laboratories, and satisfy a governmental standard. Contraceptive advice is required to be given to a mother after delivery. Sterilisation is legal on certain indications. Abortion is legal on socio-medical indications. A government bill for a new abortion law has been presented to the Parliament.

Services and Methods

RFSU has two clinics - in Stockholm and Gothenburg. In 1971, condom consumption increased by 15%. RFSU sales organisation sells condoms and other articles via 3,000 outlets. The number of women using oral contraceptives has recently declined (in 1973, an estimated 19% of women aged 15-44 years). RFSU clinics provide psychosexual advice.

Information and Education

RFSU organises courses, discussion groups etc. in sexology for health personnel and professional groups e.g. journalists, in the Stockholm centre and the ten RFSU branches.

In association with the relevant government and professional bodies, RFSU promotes information and education activities for immigrant families. RFSU also supports activities aimed at promoting a better understanding of the needs of minority groups e.g. physically and

RFSU has conducted a widespread campaign against gonorrhoea advocating the use of condoms, with posters, T-shirts, press advertisements, billboard displays etc.

Recent RFSU publications include a sex education leaflet for parents, a booklet entitled The 20th Generation to accompany the wall posters 'Our World', and in connection with its 40th anniversary, a book on its activities during the past 40 years. RFSU also publishes a Bimonthly Bulletin.

The State Commission on Sex Education has published reports on different aspects of the subject, and a revised teachers manual on sex education.

Training

RFSU has recommended to the National Board of Health and Welfare that all medical students should be taught contraception. The Board co-operates with RFSU in organising courses for midwives who are trained to insert IUDs and prescribe oral contraceptives under the supervision of a physician. RFSU organises lectures for health and social welfare personnel.

Situation Report

Distribution * MAY 29 1974

Country SYRIAN ARAB REPUBLIC Date APRIL 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			185,408 sq. kms.[1].
Total Population	3,500,000	4,560,000	6,303,000 (1970 census result)[1].
Population Growth Rate			3.3% (1963-72)[1].
Birth Rate			47.5 per 1,000 (1965-70)[1].
Death Rate			15.3 per 1,000 (1965-70)[1].
Infant Mortality Rate			114 per 1,000 (1965-70)[2].
Women in Fertile Age Group (15-44 yrs)			935,000 (1965)[3].
Population Under 15			45.7% (1970)[4].
Urban Population			43.5 (1970)[1].
GNP Per Capita			US$290 (1971)[5].
GNP Per Capita Growth Rate			3.1% (1965-71)[5].
Population Per Doctor			3,855 (1971)[6].
Population Per Hospital Bed			1,085 (1971)[6].

1. UN Demographic Yearbook 1972.
2. Local estimate.
3. UN Statistical Yearbook 1970.
4. UNESOB estimate.
5. World Bank Atlas 1973.
6. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Syria is a Republic, the capital of which is Damascus; Homs Aleppo, Tartus, Latakia and Hama are the important cities. About 40% of Syrians are classified as urban residents, though this in part reflects the high population densities in some parts of the country. The population density as a whole is estimated to be 34 per sq. km in 1970; this rises to about 71.4 per sq. km. in cultivable areas.

The Syrian population is very unevenly distributed since large parts of the country are desert and subdesert capable of sustaining only small nomadic elements. The majority of the population is dispersed throughout the fertile area and most densely along the Mediterranean coast. The coastal strip is well watered and irrigation is practiced on a high level.

Ethnic

The people of Syria are of mixed descent.

Language

Arabic is the official language. Small minority groups speak dialects of Turkish and Kurdish.

Religion

The greated majority of Syrians are Muslim. There are small enclaves of Christians, including a few isolated villages which descend directly from the first Christian congregations and where Aramaeic is still spoken.

Economy

The most important export is cotton, output of which has increased impressively. From a modest start in the early 1950's Syria is now producing an annual harvest which is approaching the size of that of Sudan.

Cereals, fruit,tobacco (including the famed Latakia) and cotton are grown for domestic and export use. In the interior the emphasis is more on cereals and animal husbandry for domestic consumption. The recently opened Euphrates Dam will increase both acreage and quality of agricultural land.

Industry is concentrated in the four largest cities and does not as yet contribute a very large proportion to the gross national product. Its contribution to employment is even less. On the other hand traditional crafts and trading account for a rather large share of employment.

Oil has been discovered recently and its production is rapidly increasing. In addition Syria has a steady income from transit fees for oil-pipelines.

Communications and Education

There are 5 national newspapers in Syria, 224 radios and 19 TV sets per 1000 population in 1970. Communications within the country are good, with an extensive road network covering most populated areas.

School enrolment in Syria is relatively good. The five-year plan which expires in 1975 aims at effective enrolment at the primary level of 80%, with full coverage by 1985. The illiteracy rate dropped from 59% in 1960 to 53.4% in 1970. There are universities in Damascus and Aleppo, both of which include medical schools. A unit for demographic study has been established at Damascus

Medical/Social Welfare

In social affairs the emphasis is on improving health conditions. The present 5 year plan (1971-75) envisages the expansion and upgrading of the basic health services so that the full range of preventative and curative services will be available to the whole population by 1975. In 1952 an agreement was signed between the Ministry of Health, WHO and UNICEF to establish an integrated system of MCH care in Syria. A centre was established in Damascus in 1953 to act as a training centre. By 1970 there were 27 MCH centres in towns and 39 in villages, staffed by 340 health visitors and midwives. Under the present plan these centres will be combined with general health centres.

Article 46 of the Constitution provides for state guarantee to the citizen and his family in cases of emergency, sickness, incapacity, orphanage and old age.

FAMILY PLANNING SITUATION

In February 1974 a family planning association was formed and a Family Planning Division was created in the Ministry of Health to incorporate family planning services into the existing health structure.

Legislation

The penal code of 1949 forbids, under penalty of imprisonment and fine, the selling, prescription and spreading of information about contraceptives. The same punishment is provided for anyone facilitating by any means the use of contraceptives. It is, however, not enforced and contraceptives have been imported. It is expected that this law will be modified. Abortion is only legal for medical reasons.

Certain measures also exist which though not intentionally, did encourage high fertility. For example, in 1952 two decrees were issued awarding decorations to parents who produced more than three children. They also received tax and other benefits. The decrees were intended to encourage greater child care to offset the high infant mortality. Family allowances for government officials were raised for each subsequent child.

Attitudes

Until this announcement family planning services had been viewed with caution as they were associated with population control. Population growth is not officially seen as an important problem since there is still surplus land and the recent opening of the Euphrates Dam will lead both to an increase in, and an improvement of, the arable land. However, in recent years the Government has shown increasing interest in the concept of family planning as a part of family social and economic welfare. The steps leading to their decision to adopt family planning measures may be seen as follows:

1. The results of the 1970 census disproved many of the traditional and long held convictions about demographic structure and growth. The annual population rate was seen to be 33 per thousand not the 22 per thousand, as it was believed. The census also revealed the large percentage of children under 15 and a ratio of 3 dependents for each person aged 15 to 64. The Central Bureau of Statistics stressed the implications of these findings of education, housing and rates of economic development.

2. A Centre for Population Studies and Researches was established

was set up under the Chairmanship of the Minister of Planning.

3. In co-operation with the Ministry of Health and several UN agencies the Central Bureau of Statistics undertook surveys on infant mortality in Damascus and several studies on the relationship between family size, health and economic structure. Following these studies the Bureau stressed the significance of family planning which was publicised in the press.

In recent years several seminars have been arranged on family planning and related matters. In July 1971 a Seminar was arranged by the Syrian Gynaecological Association on the topic of Family Planning and Population Dynamics.

In November 1972 the Ministry of Health organized in collaboration with WHO, a seminar on "Modern Concepts of the Mother, Child and Family Health in Syria". The seminar included in its discussions the need for the introduction of family planning services into Syria. In December 1972 a seminar on "Trade Unions and Population Problems" was jointly organized by the General Federation of Trade Unions and the ILO.

Current Situation

Despite the legal restrictions, traditional devices such as condoms are used. IUD's are used on a small scale and oral contraceptives were introduced in the 1960's as menstrual regulators. Recently a boom in pill sales has occurred due both to increased internal demand and to their cheap price which has encouraged a smuggling trade into neighbouring countries. However, adverse side effects in some cases has lead to critical publicity in the press.

Several doctors and paramedical staff have been trained under the IPPF Regional Training scheme and observers from Syria participated in the 1973 Regional Council Meeting of the IPPF Middle East and North Africa Region.

Recently a provisional request was jointly made by the Ministry of Health, the State Planning Authority and the Central Statistics Bureau to the UN for assistance in family planning in Syria.

FAMILY PLANNING ASSOCIATION

The FPA was formally constituted in early 1974. The Minister of Health is President of the Association, the Minister of Planning, the Vice-President.

Address (Temporary)

Syrian Family Planning Association,
c/o Dr. Aref el Yafi,
Director of International Health Affairs,
Ministry of Health,
Damascus.

The IPPF has given a provisional grant of US$30,000 for 1974 to assist the Association.

Situation Report

Distribution *

To

Country YUGOSLAVIA Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			255,804 sq. kms.[1.]
Total Population	16,346,000	18,402,000	20,522,972 (1971)[2.]
Population Growth Rate			1.0% (1965-71)[2.]
Birth Rate	28.8	23.5	18.2 per 1,000 (1972)[2.]
Death Rate	12.4	9.9	9.1 per 1,000 (1972)[2.]
Infant Mortality Rate			43.2 per 1,000 (1972)[2.]
Women in Fertile Age Group (15-44 yrs)			4,833,000 (1971)[3.]
Population Under 15			28%[4.]
GNP Per Capita			US$730 (1971)[5.]
GNP Per Capita Growth Rate			5.0% (1965-71)[5.]
Population Per Doctor			938 (1971)[1.]
Population Per Hospital Bed			171 (1971)[1.]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. Figure provided by Federal Council for Family Planning.
4. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
5. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Yugoslavia is a Socialist Federal Republic, made up of six republics and two autonomous provinces. The social welfare system includes health insurance, and child and maternity allowances, as well as paid maternity leave. Education is free and compulsory for ages 7 to 15 years. The fertility rate per 1,000 women aged 15-44 years was about 74 in 1971.

PLANNED PARENTHOOD SITUATION

Advice and services are widely available throughout the country.

PLANNED PARENTHOOD ASSOCIATION

Federal Council for Family Planning (FCFP),
Bulevar Lenjina 6,
Belgrade.

President: Mrs. Vida Tomsić

Founded in 1967, the FCFP became an associate member of the IPPF the same year and a full member in 1971.

Government Policy

The government favours planned parenthood. In 1969, a resolution on Family Planning was adopted by the Federal Assembly. A joint commission keeps the government directly informed about the implementation of the resolution. The FCFP is representative of six republican and two regional coordinating bodies for planned parenthood, and of other relevant organisations. The FCFP cooperates with the Federal Secretariat for Labour and Social Policy and with Federal bodies for Education, Culture and Public Health. The FCFP also cooperates with institutes e.g. social sciences, statistics and planning.

Legislation

Article 191 of the new Federal Constitution, adopted in February 1974, declares that free decision on childbirth is a human right, and that this right may only be restricted for health protection. In addition, the new Constitution integrates planned parenthood in the sections on education, information and health protection.

There is no law against contraception. The federal law permits abortion on socio-medical grounds. In the Republic of Serbia and the Autonomous Province of Voivodina laws governing abortion have been adopted. Draft laws have been prepared in the other republics and the autonomous province of Kosova. The Federal law on Health Protection of the Population includes a provision for prevention of unwanted pregnancy, which obliges physicians to offer contraceptive advice.

Services and Methods

Contraception is included in public maternal and child health services. In 1971, 1,382 clinics provided advice and services. All types of contraceptives, except caps, are manufactured. In certain republics, contraceptives, (excluding condoms) are free of charge; in others, payment is made. In 1970, an estimated 6% of women aged 15-44 years used modern methods of contraception (2/3rds of whom used oral contra-

Training

The Federal Institute of Public Health Protection organises planned parenthood courses for health personnel engaged in maternal and child health protection. Maternal and Child Health institutes throughout the country have organised planned parenthood courses and training since 1968.

The Family Planning Institutes in Ljubljana, Novi Sad and Skopje organise theoretical and practical training courses for health personnel.

The Yugoslav Red Cross High School for Nurses teaches the theory and practice of planned parenthood. The subject is also included in the curricula of the eight universities and in schools for nurses and midwives. Postgraduate courses for social workers in maternal and child health include lectures on planned parenthood information and education.

Information and Education

The Education Committee of the FCFP regards the inclusion of sex education in school curricula on all levels as one of its main objects. It has collaborated in a number of seminars on sex education and organised conferences on teaching of the subject in primary and secondary school. The main emphasis is on teacher training and the publication of relevant material, e.g. handbooks and sex education bibliographies (handbooks on sex education for primary school have been published in two republics.)

Education programmes on planned parenthood are broadcast frequently on radio and television in a sex education series in Slovenia, Croatia and Serbia. The press increasingly carry articles on the relationship between the sexes and their roles.

Planned parenthood education is given at workers' and peoples' universities for young people and adults.